



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

PROPOSED CHANGE IN OPERATION

Complete and return form to Board 30 days prior to proposed change

Date: _____

Effective Date: _____

Type of Change: Ownership Location Closure Remodel Name Change

CURRENT INFORMATION

Pharmacy DEA #: _____ Pharmacy registration #: _____

Pharmacy Name: _____

Current Owner: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Owner: _____ Phone: _____

Pharmacy Manager: _____ Phone: _____

NEW INFORMATION

New Name: _____

New Owner: _____ Phone: _____

Pharmacy Manager: _____ Phone: _____

New Address: _____ City: _____ Zip: _____

Differential Hours? _____ Yes _____ No (If yes, attach Notification of Differential Hours)

Construction Changes: *(Attach plans)* _____

Disposition of controlled substances: _____

Other Stock: _____

Prescription records: _____

Signature of Pharmacy Manager: _____ Date: _____

Inspector Comments: _____

Inspector: _____ Date: _____